EXHIBIT A

THIS FORM MUST BE TYPED

PROPERTY CLERK INVOICE

PD 521-141 (Rev. 11-09)

R74 258

☒ ARREST EVIDENCE ☐ DNA ARREST EVIDENCE ☐ FORFEITURE ☐ FOUND PROPERTY ☐ PEDDLER PROPERTY
☐ INVESTIGATORY ☐ DNA INVESTIGATORY ☐ DECEDENT'S PROPERTY ☐ SAFEKEEPING ☐ OTHER:

Invoicing Officer Rank/Name: PO Cabrera	Tax No. [redacted]	Command: PSA 2	Invoice Date: 1/6/11	Invoicing Command: 075
Arresting Officer Rank/Name: PO Cabrera	Tax No. [redacted]	Command: PSA 2	Complaint No. (Yr.-Pct.-No.): 2011-075-00270	Aided/Accident No.
Investigating Officer Rank/Name	Tax No.	Command	Related Comp. No. (Yr.-Pct.-No.)	OCME EU No.
Detective Squad Supervisor Rank/Name	Tax No.	Command	Det Squad Case No.	OCME FB No.
CSU/ECT Processing Officer Rank/Name	Tax No.	Command	Police Lab Evid. Control No.	CSU/ECT Run No.

☒ Arrest ☐ Incident Date: 1/6/11 | Charge/Offense Under Investigation: CPW-265.03(1)

Fel. X | Misd. | Viol. | J.D. | Homicide | Sex Off. | Arson/Explosion | Internal Invest. | MOS Compl/Victim

Finder of Property: PO Vlad Ravich	Address (Include City, State, Zip, Apt.): 560 Sutter Ave Brooklyn, NY 11027	Telephone No.: 7189228001
Owner of Property (See Instructions): Estrada, Maynorc	Address (Include City, State, Zip, Apt.): 2081 Salisbury Park Road Westbury, NY	Telephone No.
Complainant's Last Name, First Name: PSNY	Address (Include City, State, Zip, Apt.)	Telephone No.
Prisoner's Last Name, First Name, M.I.: 1. Estrada, Maynor	D.O.B.: 5/2/67	Address (Include City, State, Zip, Apt.): 2081 Salisbury Park Road Westbury, NY

Arrest No.: K11601757

Additional Invoice Nos. Related to This Case Including Vehicles: R749259 | R749260 | r749276

ITEM No.	QTY	ARTICLE	CASH VALUE USC only	PEDDLER/LEAD SEAL No.	SEC/NARCO ENVELOPE No.
1	1	.22 Caliber revolver SN#242618 marked SC1			1200028745
2	8	.22 Caliber bullets found in chamber marked SC2-SC9			1200028745
XXXX

ON LINE BOOKING SYSTEM ARREST WORKSHEET K11601757M
PD 244-159 (Rev. 04-09)

Arrest No.	Arrest Pct.	Sector	DAT ☐ Yes ☐ No	Return Date	Officer Excused ☐ Yes ☐ No	Special Event Code

COMPLETE THIS SECTION ONLY FOR AN ARREST WHEN A COMPLAINT REPORT WAS PREVIOUSLY PREPARED

Original Complaint Pct.	Compl. #	Date	Offense	Complainant's Name (Last Name, First, M.I.)

REQUIRED ONLY FOR AN OCCB ARREST AND AN ARREST NOT REQUIRING A COMPLAINT REPORT

LOCATION OF OFFENSE

Time	Date	Address/Location Of Offense: ☐ Inside ☑ In Front Of ☐ Rear Of ☐ Opposite Of	Apt/Room #
1950	1/6/11	275 Williams Av	

Cross Streets: & OR Intersection Of: & Corner ☐ N/E ☐ N/W ☐ S/E ☐ S/W

Jurisdiction (check one): ☑ NYPD ☐ NYPD Transit Bureau ☐ NYPD Housing Bureau ☐ Other

Premises Type: ☐ Residential ☐ House of Worship School: ☐ Public ☐ Other
☐ Public Transportation ☐ Commercial ☐ Other

On NYC Bd. of Ed. School Property ☐ Yes ☐ No | Type of School: ☐ Elem. ☐ IS ☐ JHS ☐ HS ☐ Sp. Ed. | School No. | School Name

NYC Transit Station | Line #. | Location In Transit System | NYCHA Development Name

THE FOLLOWING INFORMATION MUST BE COMPLETED FOR ALL ARRESTS

ARRESTING OFFICER

Department	Command	Tax Registry No.	Identification No. (If Not NYPD)	Shield No.
NYPD	PSA 2	[redacted]		19166

Rank	Last Name	First	M.I.
PO	Cabrera	Samantha	

On Duty	In Uniform	Squad	Chart	Primary Assignment
☑ Yes ☐ No	☑ Yes ☐ No	S/M	S/M	☐ Beat Officer ☑ Other Uniform ☐ Anti-Crime ☐ Investigatory ☐ Other

Force Used: ☐ Yes ☑ No | Type: ☐ Handgun ☐ Chemical Agent ☐ Rifle/Shotgun ☐ Physical Force ☐ Baton ☐ Other | Reason For Force: ☐ Overcome Assault ☐ Prevent Escape ☐ Restrain ☐ Other | Arresting Officer Injured: ☐ Yes ☐ No

Assigned	Department	Command	Tax Registry No.	Ident. No. (If Not NYPD)	Last Name, First, M.I.
☐ Yes ☑ No					

ARREST INFORMATION

Time	Date	Address/Location Of Arrest: ☐ Inside ☑ In Front Of ☐ Rear Of ☐ Opposite Of	Apt/Room #
1950	1/6/11	275 Williams Ave	

Cross Streets: & OR Intersection Of: & Corner ☐ N/E ☐ N/W ☐ S/E ☐ S/W

Arrest Numbers Of Associates: 1. 2. 3. | Is This Arrest Related To Stop And Frisk Report ☐ Yes ☑ No | If Yes, Serial #

Invoice #	Command	Type				
K749258	075	☐ Drugs ☐ Veh.	☑ Firearms ☐ Other Weapons	☐ Curr. ☐ Jwlry	☐ Boat ☐ Other
K749259	075	☐ Drugs ☐ Veh.	☐ Firearms ☐ Other Weapons	☐ Curr. ☐ Jwlry	☐ Boat ☑ Other

DEFENDANT INFORMATION

Last Name	First	M.I.	Date Of Birth	Age
Estrada	Maynor		5/8/67	43

Occupation: | License/Permit Type (Excluding Drivers Lic.) ☐ Handgun ☐ Rifle ☐ Tow Truck Driver ☐ Tow Truck Owner ☐ Taxi Medallion ☐ Taxi Livery ☐ Water Front Lic. ☐ Other | License/Permit #

Telephone Calls: 1.( ) - Name 2.( ) - Name 3.( ) - Name

Physical Condition:
☑ Apparently Normal ☐ Deceased ☐ EDP-To Hospital ☐ EDP-Released From Hospital
☐ Injury-To Hospital ☐ Injury-RMA ☑ Injury-Treated & Released ☐ Intox.-Alcohol
☐ Intox.-Drugs ☐ Intox.-Unknown ☐ Pregnant-Normal ☐ Pregnant-Requires Medical Aid
☐ Sick-To Hospital ☐ Unknown ☐ Sick-RMA ☐ Sick-Treated & Released ☐ Unconscious

Type of Drug Used:
☐ Opium & Derivative ☐ Crack ☐ Other Cocaine ☐ Marijuana/Hashish ☐ Synthetic Opiates ☐ Depressant/Stimulant ☐ Hallucinogens ☐ Hypo-Syringe-Needle ☐ Glue-Toxic Vapors ☐ Other ☐ Unknown ☐ None

JUVENILE

Juv. Offender	Number of Priors	School Attending	Mother's Maiden Name
☐ Yes ☑ No			

Relative Notified:	Name (Print)	Tele.#	Time Notified	Personal Recog:
☐ Parent ☐ Guardian ☐ Other Relative		( )		☐ Yes ☐ No

CHARGES

	ATTEMPT?	LAW	SECTION	SUB.	CLASS	TYPE	COUNTS	DESCRIPTION
Top Chg.	☐ Yes ☑ No	AC	24-163		A	Mis	1	Idling of Engine
2nd Chg.	☐ Yes ☑ No	PL	265.03	1	C	Fel	1	CPW
3rd Chg.	☐ Yes ☐ No							
4th Chg.	☐ Yes ☐ No							
5th Chg.	☐ Yes ☐ No							

If Drug Possession/Sale Is Top Charge: ☐ Crack ☐ Other Cocaine ☐ Opium Deriv. ☐ Synthetic ☐ Other Drug

NARRATIVE

At the A/O observed deft in possession of a loaded firearm in plain view.

Rank/Title	Arresting Off. / Assigned Off. Name (Print)	Signature	Tax Registry No.	Command	Agency
PO	Cabrera Samantha		[redacted]	PSA2	NYPD
Rank/Title	Supervisor Approving Name (Print)	Signature	[redacted]	Command	Agency
Sgt	Ruiz			CLS	NYPD

COMPLAINT INFORMATION | Date | Offense | Victim's Name | Location Of Occ.

Pct. | Compl. # | Docket # | Exp. Date Of Order Of Protection

Order Of Protection In Effect ☐Yes ☐No | Issuing Court

Precinct Of Arrest: 075 | Arrest # | Last Name: Estrada | First: Mayor | M.I.

Nickname/Alias/Maiden Name | Sex: ☑ Male ☐ Female | Date Of Birth: 5/2/67 | Age: 43 | Height: 5 FT 4 In. | Weight: 220 | Race: ☐ White ☐ Black ☐ Am. Ind./Alaskan Native ☐ Asian/Pacific Is. ☑ Hisp. White ☐ Hisp. Black

Eye Color: BR | Hair Color: Black | Hair Length: Short | U.S. Citizen ☐ Yes ☑ No | State/Country Of Birth: NY

Address (☐NYC ☐NYS ☐Other ☐Homeless): 2081 Salisbury Park Drive | Apt# / Room# | City: Westbury | State/Country: NY | Zip: 11590 | Resident Pct.

Business Address | Business No. ( ) | Cell Phone No. ( ) | Home Phone No. ( ) | IMEI No. | E-Mail Address

Is Interpreter Needed For Further Investigation: ☐ Yes ☑ No | If Yes, Indicate Language | Accent ☑ Yes ☐ No | Victim and Perp. Living Together: ☐ Yes ☑ No ☐ Formerly Lived Together | Can Identify Perp: ☑ Yes ☐ No

PERPETRATOR

Victim States Perp. Is: ☐ Husband ☐ C/L Husband ☐ Wife ☐ C/L Wife ☐ Divorced ☐ Father ☐ Mother ☐ Guardian ☐ Grandfather ☐ Grandmother ☐ Uncle ☐ Aunt ☐ Brother ☐ Sister ☐ Son ☐ Daughter ☐ Nephew ☐ Niece ☐ Grandchild ☐ In-Law ☐ Same Sex Partner ☐ Other Relative ☐ Fiance/Fiancee ☐ Boyfriend ☐ Girlfriend ☐ Employer ☐ Co-Worker ☐ Employee ☐ Friend/Acquaintance ☐ Stranger ☑ Unknown

Social Security# | N.Y.C.H.A. Resident ☐ Yes ☑ No | If Yes, Name Of Development | N.Y.C.H.A. Employee ☐Yes ☐No | If Yes ☐ On Duty ☐ Off Duty ☐ Unknown | N.Y.C. Transit Employee ☐Yes ☐ No | If Yes ☐ On Duty ☐ Off Duty ☐ Unknown

Physical Force: ☐Used ☐Threatened ☑None | Weapon: ☐Used/Displayed ☑Possessed ☐Simulated ☐None | Gun: ☑Handgun ☐Alleged Gun ☐Zip Gun ☐Toy Gun ☐Shot Gun ☐Machine Gun ☐Other Gun (Specify) | Make: S+W | Color: Silver | Caliber: .22 | Type: Revolver | Gun Discharged ☐ Yes ☑ No

Cutting Instrument ☐Boxcutter ☐Knife ☐Other | ☐Blunt Instrument | ☐Poison/Chemical Agents | ☐Bomb/Incendiary Device | ☐Other Weapon (Describe)

Gang Affiliation: ☐ Yes ☑ No | If Yes, Indicate Name Of Gang | Gang Identifiers (Colors, Beads, Tattoos, Etc.)

Used Subway System ☐ Yes ☑ No | If Yes, Station Entered And Time | Metro Card: ☐ Used ☐ Possessed Only | Serial # | Type: ☐Student ☐Standard ☐Senior Citizen ☐Handicapped ☐Transit Employee ☐Police

Statement Made By Perpetrator During Commission Of Offense: N/A | Method Of Flight: N/A

CRIME/INCIDENT DATA (MUST BE COMPLETED FOR ALL ARREST CASES) INCLUDE ANY ADDITIONAL DATA IN THE "NARRATIVE" SECTION

M.O. (Check All That Apply)
☐Asked Questions/Offered Assistance
☐Bag Opener
☐Bicycle Used
☐Car Jack
☐Con Game
☐Deception Used
☐Entry Through Window/Fire Escape
☐Followed Victim Along Street
☐Followed Victim To/From ATM/Bank
☐Hijack
☐Jewelry/Neck Chain Snatch
☐Jumped From Vehicle
☐Motorcycle Used
☐Note Was Passed
☐Opened Safe
☐Payroll
☐Perp Made Statement
☐Perp Offered Sex
☐Pick Pocket
☐Property Snatched From Hand
☐Push-In
☐Purse/Wallet Snatch
☐Took Victim To Isolated Area
☐Other
Transit M.O.
☐Escaped Between Train Cars
☐Escaped By Track/Tunnel
☐Followed Victim From Street To Subway
☐Held Train Doors
☐Lush Worker
☐Reached From Moving Train
☐Removed Victim From Subway System
☑Unk.

Action Toward Victim: (Check All That Apply)
☐Fired Shot At
☐Injury Using Physical Force
☐Made Victim Strip
☐Pepper/Chemical Spray
☐Stabbed/Slashed/Cut
☐Struck With Object
☐Tied/Handcuffed
☐Tortured
☐Used/Threat With Flame
☑Unk/None
☐Other

Head Gear:
☐Baseball Cap
☐Beret/Military Cap
☐Cowboy Hat
☐Mask
☐Ski Cap/Watch Cap
☐Skull Cap
☐Stocking Cap
☐Straw Hat/Fedora
☐Turban
☑Unk/None
☐Other
Color

Foot Wear:
☐Barefoot
☐Boots
☐Dress Shoes
☐High Heels
☑Loafers/Moccasins
☐Roller Blades
☐Sandals
☐Sneakers
☐Workboots
☐Unk
☐Other
Color: Black

Outer Wear:
☐Gang,Team, School Jacket
☐Leather, Suede, Fur Trim
☐Military Clothing
☐Overcoat/Top Coat
☐Snorkel/Ski Hooded Jacket
☐Sport/Dress Jacket
☐Sweater/Vest
☐Sweat Shirt/Jogging Jacket
☐T-Shirt/Tank Top
☑Waist Length Jacket
☐Unk/None
☐Other
Color: Black

Special Characteristics: (Check All That Apply)
☐Arm (Amputee)
☐Ears
☐Eyes
☐Hand/Arm
☐Leg (Amputee)
☐Lips
☐Nose
☐Sideburns
☐Tracks
☐Speech Impairment/Stutter
☐Skin Condition
☐Beard
☐Eyebrows
☐Goatee
☐Left Handed
☐Limp
☐Mustache
☐Odor
☐Teeth
☐Very Muscular
☐Eye Glasses
☐Sun Glasses
☑Unk/None
☐Other

Hairstyle:
☐Afro
☐Bald
☐Bald (Partial)
☐Braids
☐Caesar
☐Close Cut
☐Corn Rows
☐Crew
☑Curly/Wavy
☐Dreadlocks
☐Kinky
☐Pony Tail
☐Processed
☐Shaved
☐Straight
☐Wig
☐Unk
☐Other

Skin Tone:
☑Light
☐Medium
☐Dark
☐Unk

Complexion:
☐Blotchy
☑Clear
☐Flushed/Ruddy
☐Pimpled
☐Tan
☐Yellow
☐Brown
☐Freckled
☐Olive
☐Pocked
☐Wrinkled
☐Unk
☐Other

Other Clothing/Accessories:
☐Bag/Briefcase
☐Dirty/Torn/Messy
☐Gloves
☐Jeans
☐Jewelry
☐Radio Used
☐Scarf/Bandana/Sweatband
☐Shorts
Color: Black
☐Skirt/Dress
☐Slacks
☐Sweat/Jogging Clothes
☐Tools/Keys
☐Uniform
☑Well Dressed
☐Work Clothes
☐Unk/None
☐Other

Distinguished Body Marks:

#1	#2	
☐	☐	Birthmark
☐	☐	Body Piercing
☐	☐	Scar
☐	☐	Tattoo (Can't Describe)
☐	☐	Tattoo Picture
☐	☐	Tattoo Word
☐	☐	Tattoo Word & Picture
☑	☐	Unk/None
☐	☐	Other

Body Mark Location

#1	#2	
☐	☐	Arm
☐	☐	Face/Head
☐	☐	Hand
☐	☐	Leg
☐	☐	Neck
☐	☐	Torso

Describe Tattoo
Words: #1
#2
Picture #1
#2

Impersonation Of:
☐Customer/Client
☐Employee
☐Female
☐Law Enforcement Officer
☐Male
☐Security Officer
☐Public Servant
☐Utility Worker
☐Unk/None
☐Other

COMPLAINT REPORT WORKSHEET
PD 313-152A (Rev. 10-09)

2011-75-000270

☑ Complaint Report
☐ Juvenile Report

Cmnd/Pct. Taking Report	Jurisdiction Of Complaint: ☐ NYPD (Unless One Of The Following):
075	☐ NYPD Transit Bureau ☑ NYPD Housing Bureau ☐ Port Authority Police ☐ Triborough Bridge And Tunnel Police ☐ N.Y. State Park Police ☐ Amtrak Police ☐ Conrail Police ☐ Staten Island Rapid Transit Police ☐ N.Y. State Police ☐ Long Island Railroad M.T.A. ☐ U.S. Park Police ☐ Health & Hospitals Corp. Police ☐ Metro North M.T.A. ☐ Other

Location Of Occurrence	Address	County	Zip Code	Apt#/ Room#
☐ Inside ☑ In Front Of ☐ Rear Of ☐ Opposite Of	275 Miller Ave	Kings		

Cross Streets	&	OR	Intersection Of	&	Corner ☐ N/E ☐ N/W ☐ S/E ☐ S/W

Military Time, And Date Of This Report:	Time	Date	Occurrence On Or From	Time	Date	Day Of Week	Occurrence Through	Time	Date	Day of Week
	2100	1/6/11		1940 1950	1/6/11	Thurs		0000	1/6/11	Thurs

Pct. Of Occ.	Complaint #	O.C.C.B. #	Aided #	Accident #	Case Status ☐ Open ☑ Closed	Unit Referred To	Log/Case #	File #
75	270					Arrest		

Report Classification (If Offense, List Most Serious First): CPW ☐ Attempted ☑ Completed

Was The Victim's Personal Information Taken Or Possessed?	☐ Yes ☐ No	Was The Victim's Personal Information Used To Commit A Crime?	☐ Yes ☐ No

Comp. Recd. ☐ Radio ☐ Walk-In ☐ Written ☐ Phone ☑ Pick-Up	Visible By Patrol ☑ Yes ☐ No	Pct. Sector Of Occ.	Beat Of Occ.	Post Of Occ.	Prints Requested ☑ Yes ☐ No

Possibly Gang Related ☐ Yes ☑ No	If Yes, Gang Intel. Log #	Name Of Gang	If Arson: ☐ Building ☐ Motor Vehicle ☐ Other Property ☐ Occupied ☐ Unoccupied	Damage Caused By: ☐ Explosion ☐ Fire ☐ Unk	Child Abuse Suspected ☐ Yes ☑ No

Domestic Incident Report Required Because Incident Involved Persons Belonging To The NYS Family Court Act Or NYPD Expanded Definition Of A Domestic Relationship? ☐ Yes ☑ No	Child In Common? ☐ Yes ☑ No	Intimate Relationship? ☐ Yes ☑ No

Premises Type (Must Choose One)

Residential:	House Of Worship:	School:	Public Transportation:
☑ Residence – Private House ☐ Residence – Apt. Building ☐ Residence – Public Housing	☐ Church ☐ Synagogue ☐ Mosque ☐ Other	☐ Public (NYC Dept Of Ed) ☐ Private/Parochial ☐ College/University ☐ Other	☐ Airport Terminal ☐ Bus (NYC Transit) ☐ Bus (Other) ☐ Bus Stop ☐ Bus Terminal ☐ Ferry/Ferry Terminal ☐ Taxi (Yellow Licensed) ☐ Taxi (Livery Licensed) ☐ Taxi/Livery (Unlicensed) ☐ Tramway ☐ Transit – NYC Subway ☐ Transit Facility (Other)

Commercial:						
☐ ATM	☐ Candy Store	☐ Doctor/Dentist	☐ Grocery/Bodega	☐ Loan Company	☐ Storage Facility
☐ Bank	☐ Chain Store	☐ Drug Store	☐ Gym/Fitness Facility	☐ Photo/Copy Store	☐ Store Unclassified
☐ Bar/Night Club	☐ Check Cashing Business	☐ Dry Cleaner/Laundry	☐ Hospital	☐ Restaurant/Diner	☐ Supermarket
☐ Beauty & Nail Salon	☐ Clothing/Boutique	☐ Factory/Warehouse	☐ Hotel/Motel	☐ Shoe Store	☐ Telecomm. Store
☐ Book/Card Store	☐ Commercial Building	☐ Fast Food	☐ Jewelry Store	☐ Small Merchant	☐ Variety Store
	☐ Department Store	☐ Gas Station	☐ Liquor Store	☐ Social Club/Policy Location	☐ Video Store

Indicate Name Of Business

Other:					
☐ Abandoned Building	☐ Cemetery	☐ Marina/Pier	☐ Parking Lot/Garage	☐ Public Building	☐ Other
☐ Bridge	☐ Construction Site	☐ Open Lot/Area	☐ Private	☐ Street	
	☐ Highway/Parkway	☐ Park/Playground	☐ Public	☐ Tunnel	

Indicate Name If Known:

Location Within Premises Type, If Known (Choose One).

☐ Apartment	☐ Elevator Equipment Room	☐ Maintenance/Storage Area	☐ Rest Room	☐ Motor Vehicle:
☐ Basement	☐ Freight Elevator	☐ Management Offices/ Other Offices	☐ Roof	☐ Car
☐ Commercial Establishment	☐ Garage	☐ Parking Lot	☐ Roof Top Landing	☐ Motorcycle
☐ Community Center	☐ Hallway	☐ Play/Park Area	☐ Stairway	☐ Truck
☐ Driveway	☐ Laundry Room	☐ Public Sidewalk	☐ Terrace	
☐ Elevator	☐ Lobby/Door/Vestibule		☐ Walkways	☐ Other

If Burglary: Forcible Entry? ☐ Yes ☑ No ☐ Att. Forcible Entry ☐ Unknown (If Yes, Explain In Details)	If Burglary, Describe: ☐ Bldg. Commercial ☐ Garage ☐ Vehicle ☐ Bldg. Residential ☐ Building Other ☐ Truck ☐ Trailer ☐ Watercraft	Location of Entry: ☐ Front ☐ Rear ☐ Side ☐ Roof ☐ Unknown ☐ Other

Point of Entry: ☐ Window ☐ Security Gate ☐ Door ☐ Wall ☐ Floor ☐ Skylight ☐ Vent/Duct ☐ Other	Alarm Bypassed ☐ Yes ☐ No ☐ N/A	Alarm Company Responded ☐ Yes ☐ No ☐ N/A	Alarm Company Name And Telephone #	Crime Prev. Survey Requested ☐ Yes ☐ No

Supervisor On Scene ☑ Yes ☐ No	Was Interpreter Used: ☐ Yes ☑ No If Yes, Indicate Name, Address And Phone #
Rank Sgt Name (Print) Ruiz Cmd.	Name
Canvass Conducted ☐ Yes ☑ No (Indicate Interviews And Results)	Address Phone #

DETAILS
Reconstruct Incident And Results Of Preliminary Investigation

At the A/O observed deft in possession of a loaded firearm in plain view.

VEHICLE

Vehicle Was: ☐Stolen ☐Attempted Stolen ☐Unauthorized Use ☐Used in a Crime ☐Other	Plate(s) ☐ Lost ☐ Stolen	No. of Plates	License Plate No.	State	Expiration	Type	VIN No.

Year	Make	Model	Style	Color	Ins. Code	Policy No.	Invoice No.

Vehicle Recovered Prior to Alarm Transmittal ☐ Yes ☐ No	Alarm Transmitted ☐ Yes ☐ No	Alarm No.	Precinct	Transmitted By (Rank, Name)	Time	Date

Vehicle Stolen/Attempted Stolen From: ☐ Parking Lot ☐ Public Garage ☐ Non-Public Garage ☐ Street ☐ Driveway ☐Other

Vehicle:
☐ Damaged Non-Motor Vehicle Accident ☐ Vehicle Parts/Accessories Removed
☐ Damaged Vehicle Accident ☐ Property Removed From Vehicle

Veh. Held For Forfeiture ☐ Yes ☐ No

PROPERTY

Was Property ☐ Found ☐ Lost ☐ Stolen	Was Property ☐ Business ☐ Personal ☐ Both ☐ Unknown	Owner Identification No.
IMEI No.	IMEI No.	

Item No.	Quantity	Description Of Item - Brand, Model, Serial No.	Value Lost	Value Stolen	Value Recovered

EVIDENCE

Evidence Collected ☑ Yes ☐ No Evidence Collection Team/Crime Scene Requested ☑ Yes ☐ No

Evidence .22 caliber pistol Invoice No. R749258

Evidence CD Invoice No. R749259

Evidence Personal Property Invoice No. R749260

Evidence _____ Invoice No. _____

NOTIFICATIONS TO:

Rank/Title	NAME	Unit/Agency	Log No.

ADDITIONAL COPIES FOR (Specify):

Rank/Title	Reporting/Investigating M.O.S. Name (Print)	Signature	Tax Registry No.	Command	Rep. Agency
PO	Lazar Samadov		[redacted]	BAT	NYPD
Rank/Title	Supervisor Approving Name (Print)	Signature	Tax Registry No.	Command	Rep. Agency
SGT	[illegible]		[redacted]	075	NYPD
Rank/Title	Complaint Report Entered In System By (Print)	Signature	Tax Registry No.	Command	Rep. Agency